

## § 457.236

(b) The Secretary will consider the pro rata Federal share of the net amount recovered by a State during any quarter to be an overpayment.

(c) Allegations or indications of waste fraud and abuse with respect to the CHIP program shall be referred promptly to the Office of Inspector General.

## § 457.236 Audits.

The CHIP agency must assure appropriate audit of records on costs of provider services.

## § 457.238 Documentation of payment rates.

The CHIP agency must maintain documentation of payment rates and make it available to HHS upon request.

## Subpart C—State Plan Requirements: Eligibility, Screening, Applications, and Enrollment

SOURCE: 66 FR 2675, Jan. 11, 2001, unless otherwise noted.

## § 457.300 Basis, scope, and applicability.

(a) *Statutory basis.* This subpart interprets and implements—

(1) Section 2102 of the Act, which relates to eligibility standards and methodologies, coordination with other health insurance programs, and outreach and enrollment efforts to identify and enroll children who are eligible to participate in other public health insurance programs;

(2) Section 2105(c)(6)(B) of the Act, which relates to the prohibition against expenditures for child health assistance provided to children eligible for coverage under other Federal health care programs other than programs operated or financed by the Indian Health Service; and

(3) Section 2110(b) of the Act, which provides a definition of targeted low-income child.

(b) *Scope.* This subpart sets forth the requirements relating to eligibility standards and to screening, application and enrollment procedures.

(c) *Applicability.* The requirements of this subpart apply to child health assistance provided under a separate child health program. Regulations re-

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lating to eligibility, screening, applications and enrollment that are applicable to a Medicaid expansion program are found at §§ 431.636, 435.4, 435.229, 435.1102, 436.3, 436.229, and 436.1102 of this chapter.

EFFECTIVE DATE NOTE: At 77 FR 17214, Mar. 23, 2012, § 457.300 was amended by adding paragraphs (a)(4) and (a)(5); revising paragraph (c), effective Jan. 1, 2014. For the convenience of the user, the added and revised text is set forth as follows:

## § 457.300 Basis, scope, and applicability.

(a) *Statutory basis.* This subpart interprets and implements—

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(4) Section 2107(e)(1)(O) of the Affordable Care Act, which relates to coordination of CHIP with the Exchanges and the State Medicaid agency.

(5) Section 2107(e)(1)(F) of the Affordable Care Act, which relates to income determined based on modified adjusted gross income.

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(c) *Applicability.* The requirements of this subpart apply to child health assistance provided under a separate child health program. Regulations relating to eligibility, screening, applications and enrollment that are applicable to a Medicaid expansion program are found at § 435.4, § 435.229, § 435.905 through § 435.908, § 435.1102, § 435.940 through § 435.958, § 435.1200, § 436.3, § 436.229, and § 436.1102 of this chapter.

## § 457.301 Definitions and use of terms.

As used in this subpart—

*Joint application* means a form used to apply for the separate child health program that, when transmitted to the Medicaid agency following a screening that shows the child is potentially eligible for Medicaid, may also be used to apply for Medicaid.

*Period of presumptive eligibility* means a period that begins on the date on which a qualified entity determines that a child is presumptively eligible and ends with the earlier of—

(1) In the case of a child on whose behalf a separate child health program application has been filed, the day on which a decision is made on that application; or

(2) In the case of a child on whose behalf an application for the separate